

3/8/10
 POC accepted
 B. Cravener
 HFS III

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4146SNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/13/2010
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NAME OF PROVIDER OR SUPPLIER THE HEIGHTS OF SUMMERLIN, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 10550 PARK RUN DRIVE LAS VEGAS, NV 89144
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Z 000	Initial Comments This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 1/13/10, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing. Complaint #NV00023524 was substantiated with a deficiency cited. (See Tag Z321) Complaint #NV00024034 was substantiated with a deficiency cited. (See Tag Z291) Complaint #NV00022857 was substantiated in part with no deficiencies cited. Complaint #NV00023922 was unsubstantiated. Complaint #NV00024137 was substantiated with a deficiency cited. (See Tag Z401) A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	Z 000		
Z 291	1. Resident #2 has been readmitted to the facility. She has had comprehensive physical assessment and medical record review to ensure all physicians orders have been followed through, and all aspects of her plan of care have been addressed and updated. She continues to have lab work as necessary, and her status is followed regularly to ensure her condition is stable. 2. All residents could potentially be affected if staff fails to ensure physician orders are not followed timely, to ensure adequate hydration and nutrition is provided to maintain proper health. 3. A audit of all in-house residents medical records will be conducted to ensure all physician orders are noted and followed through. All Medication Administration Records (MARs) and IV sheets will be audited to ensure accuracy of physician orders. Additionally, inservices will be conducted for licensed nursing staff and RN supervisors regarding timely completion of physician orders, noting date and time of orders received, timeliness of initiating IV fluids, and accuracy of documentation of medication and fluid administration. Residents with orders for IV fluids and medication will be monitored at least every shift by the RN supervisor to ensure the fluid and/or medication are infusing as ordered. The two RN Assistant Directors of Nursing, the RN Director of Staff Development, and the Director of Nursing will reinforce ongoing compliance with IV fluid and medication administration.	Z 291		
Z291 SS=G	NAC449.74487 Nutritional Health; Hydration 2. A facility for skilled nursing shall provide each patient in the facility with sufficient fluids to maintain proper hydration and health.	Z291		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE STATE FORM	TITLE Administrator 2-1810	(X6) DATE 2-18-10
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If continuation sheet 1

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Z291	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Based on record review and interviews, the facility failed to start intravenous fluids when ordered in order to provide the necessary hydration to maintain the physical well-being for 1 of 5 residents (Resident #2).</p> <p>Findings include:</p> <p>1. Resident #2 was a 98 year old female who was admitted to the facility on 10/8/09 and readmitted on 12/3/09 with diagnoses including dehydration, septic shock, fractured rib, debility, hypertension, asthma, history of urinary tract infection with acute renal failure, senile dementia, psychosis, coronary artery disease and chronic sinusitis.</p> <p>Resident #2 was transferred to the hospital on 11/11/09. The admission note from the hospital, dictated on 11/12/09 by the physician, indicated the resident was admitted to the hospital in acute renal failure secondary to dehydration and hypoperfusion.</p> <p>The nurse's note dated 11/11/09 for 11-7 shift revealed Resident #2 remained on antibiotic therapy for a cough. The blood pressure was documented as 106/68. There was no documented evidence of any other blood pressures obtained on 11/11/09.</p> <p>Labs were ordered on 11/10/09 and the report received on 11/11/09. Orders were received by the nurse. The daily and shift charting indicated the nurse notified the physician at 2:30 PM of the lab results. The nurse received orders for intravenous fluids (IV) at 65 cc's per hour to start immediately, to</p>	Z291	<p>All residents will be monitored for the potential for dehydration by all members of the nursing staff. Residents will be ensured appropriate hydration via readily available water at bedside, during meals, during activities, and as needed. Nursing staff will receive inservice regarding preventing dehydration by providing adequate fluid, as well as the signs and symptoms of dehydration.</p> <p>4. The Director of Nursing, the Assistant Directors of Nursing, and/or their Designees will ensure ongoing compliance with inservice training by providing close oversight of the nursing units on a daily basis. The Director of Staff Development will provide direct oversight of the CNAs, and the ADONs and DON will provide oversight of the licensed nurses. Audits will be performed at least monthly to ensure MARs and IV sheets are in compliance with physician orders, via the monthly Recaps provided by Medical Records. At-risk residents will be discussed in the facility's monthly Weight Committee and Skin Committee meetings, with recommendations provided by the facility's Registered Dietitian. All nursing interventions and resident problems and goals will be documented in the comprehensive plan of care, and updated at least quarterly, or as needed.</p> <p>5. The DON, the ADONs and the DSD will provided inservice and ensure compliance on an ongoing basis. Additional 1:1 education will be provided by the DON and/or DSD to any staff who requires further training to reinforce compliance</p> <p>6. Compliance will be achieved by 3-15-10; and maintained ongoing via DON, ADONs, DSD and Administrator oversight.</p>	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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Z291	<p>Continued From page 2</p> <p>discontinue medications, and transfer the resident to the hospital. Blood pressure was to be recorded every four hours. The resident refused to go to the hospital. The son was notified and he requested he speak with the physician prior to transfer to the hospital. The nursing note documented the registered nurse supervisor was notified regarding the order for immediate IV fluids.</p> <p>The physician progress notes dated 11/11/09 at 7:00 PM revealed Resident #2 had no nausea, vomiting or diarrhea. The nausea and vomiting had been resolved. IV fluids at an increased rate of 125 cc's per hour were ordered.</p> <p>There was no documented evidence the IV was started until 7:40 PM and no results of blood pressures by the nursing staff were documented in the medical file. The physician progress notes dated 11/11/09 at 7:10 PM, revealed a blood pressure of 110/53 and oxygen saturation at 94%.</p> <p>On 1/13/10 at 3:10 PM, the LPN charge nurse was interviewed. The employee explained she did not enter the time of the order was received on 11/11/09 for IV fluids to be started. She stated it would have been the same time as the nursing note she entered. The LPN charge nurse stated that she did not start IV's and reported the order to the day shift RN. The employee recalled telling the afternoon LPN to remind the afternoon RN to start the IV. The day shift ended at 2:30 PM, the time the order was received, and LPN charge nurse was concerned the order would be missed. The employee reported the day shift supervisor told her she would report the IV start order to the afternoon shift supervisor. LPN charge nurse was unable to</p>	Z291		

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Z291	Continued From page 3 recall if she reported to the afternoon LPN regarding the order for blood pressures to be taken every four hours. On 1/13/10 at 3:50 PM, the DON and assistant administrator were interviewed. The DON stated the second shift supervisor worked as needed and was currently out of town. The DON stated the time delay for the IV start was partially due to the nurse was unable to locate an IV pole. Severity: 3 Scope: 1	Z291	Z321 1. Resident #1 was identified as discharging home in the same clothes as when admitted. The facility failed to provide documented evidence that the resident's suitcase was unpacked. Immediate in-service and training for all nursing staff was completed to ensure resident dignity and facility policy in regards to this matter. Resident #1 discharged to his place of residence. 2. All residents could potentially be affected if staff fail to provide assistance with their "daily activities" without limitation to a) Bathing, dressing and grooming oneself; b) The ability to be ambulatory; c) Feeding oneself; and d) Using speech, language and other communication systems. A full facility audit was conducted to ensure that all resident's belongings were unpacked and available for use. 3. An in-service for all licensed nurse staff was conducted on 1-19-10. The in-service defined facility policy and procedure regarding unpacking resident belongings, and discussed the importance for maintaining compliance. On admission, the resident's assigned C.N.A. will assist each resident with unpacking and inventorying their belongings. Within 72 hours of admission, the resident will receive a visit from the Director of Admissions. The Director of Admissions will monitor that this system is in compliance and communicate non compliance to the unit charge nurse and resolution. At the time of discharge, residents will participate as able in their clothing preference and receive C.N.A. assistance to address any personal care needs indicated. 4. The Director of Nursing, or Designee, will review each admission to ensure compliance has been met. The Admission Director or Designee will visit all newly admitted residents within 72 hours to ensure that their belongings have been unpacked and made available to the resident for use. The Social Service Director, or Designee will interview all new admissions and address concerns per protocol. 5 The Director of Staff Development under the supervision of the Director of Nursing conducted the all licensed nursing staff in-service on 1-19-10. The Director of Staff Development will conduct quarterly in-services ongoing to ensure compliance is maintained. The Social Service Director, or Designee will review and monitor all new admissions to ensure prompt compliance. 6. Compliance will be achieved by 3-15-10, by the Director of Nursing, Director of Staff Development and Social Service Director.	
Z321 SS=D	NAC449.74497 Daily Activities of Patient 2. As used in this section, "daily activities" includes, without limitation: (a) Bathing, dressing and grooming oneself; (b) The ability to be ambulatory; (c) Using the toilet without assistance; (d) Feeding oneself; and (e) Using speech, language and other communication systems. This Regulation is not met as evidenced by: Based on interviews and record review, the facility failed to have documented evidence that activities of daily living were provided on the day shift and afternoon shift for 1 of 5 residents (Resident #1). A confidential interview revealed Resident #1 was discharged home in the same clothes as when admitted; her pants had stool in them. The facility failed to have evidence the resident's suitcase was unpacked. Severity: 2 Scope: 1	Z321		

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Z401	Continued From page 4	Z401	Z401	
Z401 SS=D	<p>NAC 449.74523 Social Services</p> <p>2. The social services provided must:</p> <p>(a) Identify and meet the social and emotional needs of each patient in the facility.</p> <p>(b) Assist each patient and the members of his family in adjusting to the effects of the patient's illness or disability, to his treatment and to his stay in the facility.</p> <p>(c) Include adequate planning upon the patient's discharge from the facility to ensure that appropriate community and health resources are used.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review the facility failed to make arrangements for a front wheel walker and tub transfer bench as ordered prior to discharge for 1 of 5 residents (Resident #4)</p> <p>Severity: 2 Scope: 1</p>	Z401	<ol style="list-style-type: none"> 1. The facility failed to make arrangements for a front wheeled walker and tub transfer bench as ordered prior to discharge for Resident #4. Resident #4 is discharged. 2. All residents could potentially be affected if staff fail to provide adequate planning upon the resident's discharge from the facility to ensure that appropriate community and health resources are used. 3. The Director of Nursing and the Assistant Directors of Nursing will ensure compliance with complete review of all physician orders daily. The D.O.N. and A.D.O.N.'s will ensure that the Social Service Director is informed of all new physician orders during the morning Interdisciplinary meeting. The Social Service Director, under the supervision of the Director of Rehabilitation will assess discharging resident needs. Social Services will complete a discharge referral form and maintain a binder in the social service office. The Social Service Director will provide a copy to the Administrator. 4. The Director of Nursing and the Assistant Directors of Nursing will ensure compliance with complete review for all physician orders daily. The D.O.N. and A.D.O.N.'s will ensure that the Social Service Director is informed of all new physician orders during the daily Interdisciplinary meeting. The Social Service Director will complete a discharge referral form and maintain a binder in the social service office. The Social Service Director will provide a copy of all discharging resident's referrals to the Administrator. The Administrator will review all discharges with the Director of Social Services, Director of Nursing and the Director of Rehabilitation daily. 5. The Director of Nursing and Administrator will monitor ongoing compliance with review of all discharge referrals during the daily discharge planning review meeting. 	

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6. Compliance will be achieved by 3-15-10, by the Director of Social Services, under the supervision of sheet 5 the Administrator.